

SAMPLE REPORT

Clinical Evaluation for Guardianship Proceedings

Person proposed for guardianship: John Goodheart D.O.B: 3/07/1928

Name of clinical evaluator: Sally Forth, LICSW Date of report:

Date and place of examination: I examined Mr. Goodheart in his apartment on July 1, 2009. There were no others present. He was alert and cooperative with the interview.

Additional sources of information: I spoke with his primary care physician and psychiatrist by phone and reviewed Mr. Goodheart's medical record. I later interviewed his son, Albert Goodheart and daughter, Melissa Johnson who are the petitioners in this matter and his only living relatives.

Summary of attached report:

Background

Mr. John Goodheart is a widowed 81 year old man who currently resides independently in the apartment he shared with his wife until her death one year ago. He has a long history of alcohol abuse and more recent diagnoses of depression and dementia, thought due to his alcohol use. The petitioners are concerned that he lacks the capacity to meet his basic needs for food, shelter, basic hygiene or to meet his financial obligations. He has not been eating well for some time, often fails to pay his bills and at times his behavior is erratic. They attribute this to his persistent alcohol abuse. When drinking, he is easily confused (not remembering if he's eaten, forgetting to take his medications). Last month he fell, resulting in a broken collarbone but had no head or hip injury. The doctor in the emergency room told his daughter it could have been worse and that her father was going to kill himself someday if he didn't stop drinking. This is what prompted his children to petition for a guardianship. They want him to move to an assisted living facility where he can be looked after which he adamantly rejects.

Findings

My assessment supports the diagnoses of depression and alcohol abuse, both of which contribute to Mr. Goodheart's diminished capacity to look after himself and his home. Both the depression and his escalated alcohol use can reasonably be expected to improve with treatment. My evaluation also suggests the probable diagnosis of dementia due to alcoholism but a definitive diagnosis must await completion of his treatment for depression and a more extended period of sobriety.

Mr. Goodheart is able to perform his basic activities of daily living (bathing, grooming, dressing, toileting, walking) without supervision or assistance. His intermittent lack of interest and attention to his appearance and poor eating habits are likely attributable to his depression and alcohol use. He improves with basic support provided by his children. His intermittent lack of safety awareness appears limited to periods of acute intoxication.

Mr. Goodheart is able to make informed medical decisions without supervision or assistance. He is able to manage his medication with the aid of a pill dispenser which his daughter oversees.

Mr. Goodheart is able to make most financial decisions without supervision or assistance. However, he does require support and assistance in the mechanics of money management such as balancing his checkbook and paying his bills on time. He is amenable to receiving assistance in managing his bills.

Recommendation

My findings do NOT support the conclusion that Mr. Goodheart is in need of a guardian to manage his personal or financial affairs.

I do recommend that Mr. Goodheart continue treatment and receive additional in-home services and support to maximize his independence and self-reliance. He is amenable to this recommendation.

Model Clinical Evaluation Report

State of VT County of Bennington	In the Court Division
In the Matter of: John Goodheart	File No.

1. PHYSICAL AND MENTAL CONDITIONS

A. Physical Diagnoses:

Anemia, alcoholism, probable alcoholic dementia. gastroesophageal reflux disease (GERD), chronic obstructive pulmonary disease (COPD), chronic insomnia

Overall Physical Health: ☐ Excellent ☐ Good ☒ Fair ☐ Poor
 Individual's Rating of Health ☐ Excellent ☒ Good ☐ Fair ☐ Poor
 Physical Health will likely ☐ Improve ☐ Be stable ☐ Decline ☒ Uncertain

B. Mental (DSM) Diagnoses:

Substance abuse disorder, Probable Dementia due to alcoholism, depression, not otherwise specified (NOS)

Overall Mental Health: ☐ Excellent ☐ Good ☒ Fair ☐ Poor
 Individual's Rating of Health ☐ Excellent ☒ Good ☐ Fair ☐ Poor
 Overall Mental Health will likely ☐ Improve ☐ Be stable ☐ Decline ☒ Uncertain

Mr. Goodheart's known mental decline (forgetfulness, erratic behavior, disorientation to time) dates to about one year ago following the death of his wife. During this year he has been observed to be frequently intoxicated, walking outside in inclement weather without adequate clothing, and he has failed to pay bills on time multiple occasions. When threatened with loss of utilities, he paid his bills with help of his daughter. Psychiatric assessment one month ago concluded he suffers from depression. It is not clear at this time how much the depression and how much the alcoholism accounts for his cognitive decline.

I recommend Mr. Goodheart be re-evaluated in nine months.

C. Current Medication

Individual manages accepts necessary assistance/supervision

☒ Yes ☐ No ☐ Uncertain

Individual takes one or more medications that may impair mental functioning

☒ Yes ☐ No ☐ Uncertain

D. Reversible Causes.

☒ Yes ☐ No ☐ Uncertain

Mr. Goodheart has been evaluated but treatment is not completed. He recently began treatment for depression but has refused treatment for his alcohol abuse. Depression is known to cause cognitive impairment, most notably in the areas of concentration, attention and memory. Temazepam (Restoril), a medication prescribed for sleep since his wife died, can also cause memory impairment and confusion in older persons. Alcohol use, both acutely and chronically, impairs judgment and can cause problems with memory and orientation.

E. Mitigating Factors

Mr. Goodheart's wife died one year ago. Since that time his mood has changed and his alcohol use, which is a long-standing problem, has increased significantly. If treatment for his depression is successful, and restoril is discontinued, it is reasonable to think his overall cognitive function will improve. However, this improvement may be negated if he continues to consume alcohol at his current or increased levels,

2. COGNITIVE AND EMOTIONAL FUNCTIONING

Mr. Goodheart was able to remain engaged in the interview which lasted over an hour. he demonstrated good comprehension of the questions and answered en pointe. He tended to minimize his deficits though was able to acknowledge some areas of difficulty.

A. Alertness/Level of Consciousness

Overall Impairment: ☒ None ☐ Mild ☐ Moderate ☐ Severe ☐ Non-Responsive
Alertness will likely ☐ Improve ☐ Be stable ☐ Decline ☒ Fluctuate ☐ Uncertain

B. Memory and Cognitive Functioning

Overall Impairment: ☐ None ☐ Mild ☒ Moderate ☐ Severe

Has trouble with short term memory as evidenced by needing several trials to learn three words and then not being able to recall any of three after 5 minutes. He cannot complete digit span in reverse or serial sevens. He frequently asked me to repeat my name and to explain the purpose of the 'test.' When reminded, he understood the purpose of the evaluation and was very angry about it. 'They just want my money' and 'I'll drink if I want to' are frequent refrains.

His language function is completely intact.

He has difficulty with simple calculations.

For more details see the attached document on cognitive function.

C. Emotional and Psychiatric Functioning

Overall Impairment: ☐ None ☐ Mild ☒ Moderate ☐ Severe

Mr. Goodheart has a moderately severe depression that is only in partial remission. This is evidenced by his irritability, difficulty thinking about on his future, wish to be dead, loss of interest in seeing his friends or family.

For more details see the attached document on emotional function.

D. Fluctuation.

Mr. Goodheart's mental state did not fluctuate over the course of the interview. His mental state changes when he is intoxicated. These changes (impaired judgment, impulsivity, disorientation, worsening memory problems) do have a significant impact on function as described in the history

3. EVERYDAY FUNCTIONING.

A. Activities of Daily Living (ADL'S)

Ability to Care for Self (bathing, grooming, dressing, walking, toileting, etc.)

Level of Function:

- ☐ can manage without supervision or assistance
- ☒ could manage with supervision or assistance of support
- ☐ unable to manage without the supervision of a guardian

B. Instrumental Activities of Daily Living (IADL'S) (Complete supporting documents)

Financial Decision-Making (bills, donations, investments, real estate, wills, protect assets, resist fraud, etc.)

- ☐ can manage without supervision or assistance
- ☒ could manage with supervision or assistance of support services
- ☐ unable to manage without the supervision of a guardian

Medical Decision-Making (express a choice and understand, appreciate, reason about health info, etc.)

- ☒ can manage without supervision or assistance
- ☐ could manage with supervision or assistance of support
- ☐ unable to manage without the supervision of a guardian

Care of Home and Functioning in Community (manage home, health, telephone, mail, drive, leisure, etc.)

- ☐ can manage without supervision or assistance
- ☒ could manage with supervision or assistance of support services
- ☐ unable to manage without the supervision of a guardian

Other Relevant Civil, Legal, or Safety Matters (sign documents, vote, retain counsel, etc.)

- ☐ can manage without supervision or assistance
- ☒ could manage with supervision or assistance of support services
- ☐ unable to manage without the supervision of a guardian

See supporting documents for detail

4. VALUES AND PREFERENCES.

Mr. Goodheart is adamant about not wanting a guardian. Historically and currently he is amenable to receiving help obtaining groceries, managing his checkbook and paying his bills.

He prefers to make his own decisions. He states he listens to what others say but makes up his own mind. His children offer a different view saying that he has always "never listened" and is very stubborn. When intoxicated, "there is no reasoning with him"

Preferences for habitation

Mr. Goodheart wishes to remain living in the apartment he shared with his wife until one year ago. What he values most highly are his privacy, safety and familiarity of his surroundings: "I like to know where I put things"; "I want to be left in peace"; "My wife's things are here"

Goals and Quality of Life

Mr. Goodheart believes he was a good husband and a good provider. Memories of their time together are very important to him. He is unable to elaborate further on what is important to him.

What have been the individual's most valued relationships and activities?

Mr. Goodheart expressed the feeling that his wife was the only person who really mattered to him and now that she is gone, he feels quite alone. His relationship with his children has been "good" until the recent petition. He says he used to like to drink with WWII buddies at the local VFW though says many have passed away. He was a truck driver but has no remaining connections to his former occupation. He enjoyed hunting and fishing in the past but has not done so for several years. He cannot say why he discontinued these activities ("just old I guess").

Concerns, Values, Religious Views

Mr. Goodheart's primary concern appears to be that he be left alone. He often states he is just waiting to die so that he can be with his wife. He states he always follows Dr's orders is proud of having quit smoking when he was told he had emphysema [COPD]. He states that if the Doctor tells him to quit drinking he will [this is not supported by the fact of his continued drinking].

None identified. Mr. Goodheart says he is a Christian and believes in God but that he is not a "churchgoer"

Mr. Goodheart bitterly states he fought for his country and has earned the 'right to be left alone'. He dislikes being told what to do and to being told he cannot take care of himself. He is worried that his children are trying to force him out of his apartment so they can have his money. When pressed, he acknowledges that his children have never taken advantage of him before but states everything has changed since his wife died.

5. RISK OF HARM AND LEVEL OF SUPERVISION NEEDED

Nature of Risks.

Mr. Goodheart is at risk of a repeat fall due to his poor balance and continued alcohol use. He is at risk of decline in health due to his poor nutritional intake and continued alcohol use. He is at risk of further cognitive decline if he continues to use alcohol and this could result in going out of doors in inclement weather, self-neglect, failure to pay his bills on time.

Social Factors.

By his report, Mr. Goodheart's now deceased wife managed the household, including cooking, cleaning, paying the bills and managing the checkbook. Until the petition for guardianship came about, he did inconsistently accept his daughter's help in managing his finances.

B. How *severe* is risk of harm to self or others: ☐ Mild ☒ Moderate ☐ Severe

C. How *likely* is it ☐ Almost Certain ☒ Probable ☐ Possible ☐ Unlikely

D. Level of Supervision Needed. *In my clinical opinion:*

☐ Locked facility ☐ 24-hr supervision ☒ Some supervision ☐ No supervision

Needs could be met by: ☐ Limited Guardianship ☒ Less Restrictive Alternative

Mr. Goodheart is amenable to assistance in those areas he has difficulty managing as outlined above. His daughter currently oversees his medication (helps set up the dispenser and calls to see if he has taken them); both children have been assisting with shopping since he voluntarily stopped driving over a year ago (right before his wife died. He says "I just thought it was a good idea"). He would benefit from ongoing support to make sure his bills are paid

6. TREATMENTS AND HOUSING. Mr. Goodheart would benefit from:

Education, training, or rehabilitation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Uncertain
Mental health treatment	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Uncertain
Occupational, physical, or other therapy	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Uncertain
Home and/or social services	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Uncertain
Assistive devices or accommodations	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Uncertain
Medical treatment, operation or procedure	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Uncertain
Other:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Uncertain

Mr. Goodheart's wife managed many household functions, which he is not currently interested in mastering (balancing his checkbook for example). This may be in part attributable to his continued grieving and /or his clinical depression. When his depression has been successfully treated, he may benefit from education about basic financial life skills. However, given his memory deficits, which may worsen if he continues to use alcohol, may limit his ability to acquire these skills.

Mr. Goodheart should continue his treatment for depression and be supported in his decision to try and cut down on his alcohol use. A specific referral can be made to a substance abuse counselor or managed by his primary care doctor who successfully persuaded him to quit smoking or by the mental health professional treating his depression.

Mr. Goodheart would benefit from a home safety assessment aimed at reducing risk of falls (often done by an occupational therapist but can be done by a family member using tools provided by the National Administration on Aging (AOA). These can generally be obtained through the local hospital or Council on Aging. He would also benefit for an assessment of his walking instability to determine what, if any, interventions could improve his gait and balance.

A referral to the local Council on Aging would also determine his eligibility for services to support his independent living. Specifically he may benefit from a nutrition consult, food program (Meals on Wheels), and case management to make sure utility bills and rent are paid on time, and to help him learn to balance his checkbook and/or set up automatic bill payment. The Council on Aging can also assist his access to resources for falls prevention.

The family may benefit from meeting with a mediator who specializes in family guardianship mediation to work out details of a voluntary arrangement with Mr. Goodheart.

7. ATTENDANCE AT HEARING

The individual can attend the hearing ☒ Yes

Mr. Goodheart's language comprehension is intact. Information should be presented in short, concise, clear sentences. Mr. Goodheart may require repetition of information due to his short term memory loss. His mild hearing impairment should not pose a significant barrier if background noises are eliminated and those speaking speak slowly, distinctly and with only moderate increase in volume. Speaking too loudly will make it harder for him to hear.

8. CERTIFICATIONS*

I am a ☒ Physician ☐ Psychologist ☐ Other qualified mental health professional licensed to practice in the state of VT

Office Address: 103 Main St

Office Phone: 802- 241-xxxx

This form was completed based on:

- ☒ an examination for the purpose of capacity assessment
☐ my general clinical knowledge of this patient

Prior to the examination, I informed the patient that communications would **not** be privileged:

- ☒ Yes
☐ No

Date of this examination or the date you last saw the patient: July 1, 2009

Time spent in examination: 1.5 hours

Other sources of information for this examination:

- ☒ Review of medical record
☒ Discussion with health care professionals involved in the individual's care
☒ Discussion with family or friends
☐ Other

I hereby certify that this report is complete and accurate to the best of my information and belief. I further testify that I am qualified to testify regarding the specific functional capacities addressed in this report, and I am prepared to present a statement of my qualifications to the Court by written affidavit or personal appearance if directed to do so.

SIGNATURE of CLINICIAN

_____ DATE _____

Print Name _____

License type, _____ number, _____ and date _____

Supplemental Documents

List all Medications

<u>Name</u>	<u>Dosage/Schedule</u>
Temazepam (sleeping medication)	15-30 mg at bedtime
Albuterol (breathing medication)	
Nexium (for GERD)	
Folic acid (anemia)	

List any tests which bear upon the issue of incapacity, the findings and date of tests:

Mini Mental Status Exam (screening for dementia) (+) for dementia

Mlni-Cog (Screening for dementia) : (+) for dementia

PHQ-9 (Screening for depression) (+) for depression

Supplemental documents

Cognitive Functioning

1. **Sensory Acuity** (detection of visual, auditory, tactile stimuli)
Level of impairment: ☐ None ☒ Mild ☐ Moderate ☐ Severe ☐ Not eval.
Mild hearing impairment
2. **Motor Activity and Skills** (active, agitated, slowed; gross and fine motor skills)
Level of impairment: ☐ None ☐ Mild ☒ Moderate ☐ Severe ☐ Not eval.
Has a wide-based gait characteristic of persons with long term alcohol use; walks slowly and uses furniture, wall, to support himself. He is able to open doors; open jars; turn water on and off; button and unbutton his shirt; operate a microwave; television remote control, and a telephone.
3. **Attention** (attend to a stimulus; concentrate on a stimulus over brief time periods)
Level of impairment: ☐ None ☒ Mild ☐ Moderate ☐ Severe ☐ Not eval.
Mr. Goodheart was able to attend to and answer my questions without difficulty. However, he had significant difficulty on formal tests of attention (digit span, serial sevens).
4. **Working memory** (attend to verbal or visual material over short time periods; hold ≥ 2 ideas in mind)
Level of impairment: ☒ None ☐ Mild ☐ Moderate ☐ Severe ☐ Not eval.
5. **Short term/recent memory and Learning** (ability to encode, store, and retrieve information)
Level of impairment: ☐ None ☐ Mild ☒ Moderate ☐ Severe ☐ Not eval.
Describe: Mr. Goodheart needed several trials to learn three words and then was not able to recall any of three after 5 minutes.
6. **Long term memory** (remember information from the past)
Level of impairment: ☐ None ☒ Mild ☐ Moderate ☐ Severe ☐ Not eval.
Mr. Goodheart is able to recall pertinent facts about his personal past and social historical highlights: (upbringing, education, marriage, offspring, occupation, president during WWII). His children state some of the dates are "off" but that his overall recollections are accurate.
7. **Understanding** ("receptive language"; comprehend written, spoken, or visual information)
Level of impairment: ☒ None ☐ Mild ☐ Moderate ☐ Severe ☐ Not eval.
8. **Communication** ("expressive language"; express self in words, writing, signs; indicate choices)
Level of impairment: ☒ None ☐ Mild ☐ Moderate ☐ Severe ☐ Not eval.

9. Arithmetic (understand basic quantities; make simple calculations)

Level of impairment: ☐ None ☒ Mild ☐ Moderate ☐ Severe ☐ Not eval.

Mr. Goodheart can add, subtract and multiply simple sums with pencil and paper. He cannot mentally solve word problems involving multiple steps requiring addition of multiple imaginary purchases and receiving correct change from a \$20 bill.

10. Verbal Reasoning (compare two choices and to reason logically about outcomes)

Level of impairment: ☐ None ☒ Mild ☐ Moderate ☐ Severe ☐ Not eval.

Mr. Goodheart is able to weigh the advantages and disadvantages of having or not having someone help him with his finances. He is able to weigh the advantages and disadvantages of living independently but is unable to express any appreciation of the possible advantages of moving to an assisted living facility even when posed as a purely theoretical option.

11. Visual-Spatial and Visuo-Constructional Reasoning (visual-spatial perception, visual problem solving)

Level of impairment: ☒ None ☐ Mild ☐ Moderate ☐ Severe ☐ Not eval.

12. Executive Functioning (plan for the future, demonstrate judgment, inhibit inappropriate responses)

Level of impairment: ☐ None ☐ Mild ☒ Moderate ☐ Severe ☐ Not eval.

Mr. Goodheart has very little interest in the future and it is difficult to engage him in any discussion of a "his situation 6 months or a year from now. When pressed, he demonstrates reasonably intact capacities for everyday decision-making but planning ahead is a major challenge.

Emotional and Psychiatric Functioning

1. **Disorganized Thinking** (rambling thoughts, nonsensical, incoherent thinking)
Level of impairment: ☒ None ☐ Mild ☐ Moderate ☐ Severe ☐ Not eval.
2. **Hallucinations** (seeing, hearing, smelling things that are not there)
Level of impairment: ☒ None ☐ Mild ☐ Moderate ☐ Severe ☐ Not eval.
3. **Delusions** (extreme suspiciousness; believing things that are not true against reason or evidence)
Level of impairment: ☒ None ☐ Mild ☐ Moderate ☐ Severe ☐ Not eval.
4. **Anxiety** (uncontrollable worry, fear, thoughts, or behaviors)
Level of impairment: ☐ None ☒ Mild ☐ Moderate ☐ Severe ☐ Not eval.

Mr. Goodheart appears anxious during the interview and expressed fear that his children are trying to "put him somewhere"

5. **Mania** (very high mood, disinhibition, sleeplessness, high energy)
Level of impairment: ☒ None ☐ Mild ☐ Moderate ☐ Severe ☐ Not eval.
6. **Depressed Mood** (sad or irritable mood)
Level of impairment: ☐ None ☐ Mild ☒ Moderate ☐ Severe ☐ Not eval.

Mr. Goodheart has a moderately severe depression that is only in partial remission. This is evidenced by his irritability, difficulty thinking about his future, wish to be dead, loss of interest in seeing his friends or family.

7. **Insight** (ability to acknowledge illness and accept help)
Level of impairment: ☐ None ☐ Mild ☒ Moderate ☐ Severe ☐ Not eval.

Mr. Goodheart acknowledges he has breathing and 'stomach' problems and He is not sure he agrees with the doctor that he has depression but states "i'm going along with it"

8. **Impulsivity** (acting without considering the consequences of behavior)
Level of impairment: ☐ None ☒ Mild ☐ Moderate ☐ Severe ☐ Not eval.

Mr. Goodheart had no evidence of behavioral instability during the interview. Historically, he is said to have gone out of doors improperly dressed "on impulse" to look for something.

9. **Noncompliance** (refuses to accept help)
Level of impairment: ☐ None ☒ Mild ☐ Moderate ☐ Severe ☐ Not eval.

He is reasonably compliant with his medications. He refuses any intervention for his alcohol abuse but agrees to "cut down" if it will get people off his back.

Everyday Functioning

1. Independent	2. Needs Support	3. Needs Assistance	4. Total Care	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Care of Self (Activities of Daily Living (ADL's)) and related activities
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Maintain adequate hygiene, including bathing, dressing, toileting, dental
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prepare meals and eat for adequate nutrition
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identify abuse or neglect and protect self from harm
				Other:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Financial (If appropriate note dollar limits)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Protect and spend small amounts of cash
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Manage and use checks
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Give gifts and donations
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Make or modify will
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Buy or sell real property
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Deposit, withdraw, dispose, invest monetary assets
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Establish and use credit
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pay, settle, prosecute, or contest any claim
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Enter into a contract, financial commitment, or lease arrangement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Continue or participate in the operation of a business
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Employ persons to advise or assist him/her
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Resist exploitation, coercion, undue influence
				Other:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medical
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Give/ Withhold medical consent
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Admit self to health facility
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Choose and direct caregivers
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Make or change an advance directive
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Manage medications
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contact help if ill or in medical emergency
				Other:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Home and Community Life
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Choose/establish abode
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Maintain reasonably safe and clean shelter
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Be left alone without danger
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drive or use public transportation
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Make and communicate choices about roommates
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Initiate and follow a schedule of daily and leisure activities
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Travel
				Establish and maintain personal relationships with friends, relatives, co-Workers

Adapted from *Judicial Determination of Capacity of Older Adults in Guardianship Proceedings* developed by the American Bar Association (ABA)/American Psychological Association (APA) Assessment of Capacity in Older Adults Work Project Working Group, copyright 2006, ABA and APA.

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Determine his or her degree of participation in religious activities
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use telephone
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use mail
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Avoid environmental dangers such as stove, poisons, and obtain emergency help
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:

Civil or Legal

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Retain legal counsel
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vote
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Make decisions about legal documents
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: